

Exhibit 2

FORM B10 (Official Form 10)(12/03)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

In re: *Solutia Inc., et al.*

Case No. 03-17949 (PCB)

Jointly Administered

Name of Debtor: (Specify Debtor Name)

Solutia Inc.

Case Number: (Specify Case Number)

03-17949 (PCB)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

*Reiff, Roger A.
135 SUNRAY DRIVE
HIGHLAND, IL. 62249*

- ☐ Check box if you are aware that you or the creditor has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.

USBC SOUTHERN DISTRICT OF NY
SOLUTIA
CASE NO. 03-17948 (PCB) THRU 03-17962 (PCB)
CLAIM NO. 6685

If address differs from above, please provide the name and address where notices should be sent:

Creditor Name:

Telephone: # *618-654-6130*

Address:

City/St/Zip:

This Space is for Court Use
Only

Account or other number by which creditor identifies debtor:

Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes

☒ Other *Workers Compensation Claim*

- ☒ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

04-10-04

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$

(Unsecured)

\$

(Secured)

\$

(Priority)

unliquidated
(Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5, 6 or 7 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ *unliquidated*

- ☐ Check this box if: a) there is no collateral; or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$ 2,100 for deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)()

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. If the supporting documents are in excess of 100 pages, you may attach a summary of them and a list of each document you have relied upon. DO NOT SEND ORIGINAL DOCUMENTS.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

11-23-04

Roger A. Reiff

CLAIMS PROCESSING CENTER
USBC, SDNY

RECEIVED
NOV 29 2004
6685
11/29/04